

State of Delaware - Division of Corporations

DOCUMENT FILING SHEET



Priority 1
(One Hr)



Priority 2
(Two Hr)



Priority 3
(Same Day)



Priority 4
(24 Hour)



Priority 7
(Reg. Work)

SUBMITTER'S INFORMATION

Company/Firm Or Individual's Name K DAVIS SENSEMAN

Attention: _____

Mailing Address 1 2054 ST ANTHONY PKWY

Mailing Address 2 _____

Mailing Address 3 _____

City MINNEAPOLIS State MINNESO1 Zip 55418 Country UNITED STATES

Phone: (612) 293 - 9308 Fax# _____

Email Address: DAVIS@DAVISMEANSBUSINESS.COM

Account Number: 0

DOCUMENT FILING REQUEST INFORMATION

Name of Company/Entity NORTH SUPERIOR CONSULTING LLC

File Number _____ Reservation Number _____

Type of Document LLC FORMATION

OTHER DOCUMENT FILING INFORMATION

OF Certified Copies returned _____

Other

- Good Standing
 Long Form Good Standing
 Apostille/Gold Seal

Country _____

Re: _____

METHOD OF RETURN

(Fax or E-Mail is not available)

Messenger/Pickup

Fed Ex UPS

Account # _____

Regular Mail

PAYMENT INFORMATION

Depository Account

Wallet

None

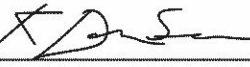
COMMENTS/FILING INSTRUCTIONS

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is North Superior Consulting LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 8 The Green Suite B _____ (street), in the City of Dover DE _____, Zip Code 19901 _____. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Northwest Registered Agent Service Inc. _____

By:  _____
Authorized Person

Name: K. Davis Senseman _____
Print or Type